### SINGAPORE ACCIDENT STATEMENT

### **IMPORTANT NOTICE**

Occupation

**Date Of Driving Pass** 

**Driving Experience** 

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

	ACCIDENT STATEMENT			
Date Of Report	16/05/2019 16:08			
Date Of Accident	16/05/2019 13:00			
Exact Location Of Accident	ALONG CLOVER ROAD			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLP5453S			
Insured/Policyholder				
Name Of Registered Owner	LEE KWAY HEONG			
NRIC No	S1796688Z			
Email Address	WILLIAM.LEE@ECHELON.SG			
Mobile Phone No	(LOCAL) +65-97695628			
Alternative Phone No	Others-97695628			
Vehicle Particulars				
Manufacturer	MITSUBISHI			
Model	LANCER			
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE			
Are you claiming under your own insurance policy for repair to your vehicle?	NO			
f No, Please state action to be taken	REPORTING ONLY			
Vehicle Category	PRIVATE CAR			
Insurance Company				
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.			
Type Of Coverage	COMPREHENSIVE			
Fleet Policy	NO			
Policy Number	1700014244-01			
Cover Note Number				
Driver				
Name of Driver	LEE KWAY HEONG			
NRIC No	S1796688Z			
Date Of Birth	15/09/1967			

**INDOOR** 

17/06/1987

31 YEARS AND 10 MONTHS

Gender **MALE** 

Mobile Number (LOCAL) +65-97695628

Fax Number

**Contact Number** OTHERS-97695628

**EMail Address** WILLIAM.LEE@ECHELON.SG

BLK 293B BUKIT BATOK STREET 21 Address

#40-516

Postcode 652293 Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured **OWNER** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident COLLISION - CHANGE/CROSS LANE

**Weather Conditions CLEAR Road Surface** DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 2

Number of Passengers (Including Driver)

Passenger 1 : HUANG ZHEN RONG Name:

> Gender: : Female

**Details of Police Action** 

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SDQ990E

Vehicle Make/Model/Colour

**Details Of Properties** 

**Vehicle Category** PRIVATE CAR Name of Driver NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - (I) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

Pon Kwee Choo S6840583A NRIC/FIN No.:

CSARDIC SkytchPfanSerm, V3

SKETCH PLAN	Ave, no	, direct	Du vou	road
porte yellow roce				
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TAL			A-SLP5	4535
			B - 5009	90E
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT			Date: 16 Time: 11	15/2019
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a lorry was con	my the	oter	way.	
As the road was	Small,	1 SWALL	red to	
	of which	_	crotched	
the related SDQ9	90F V	Which wo	s porked	
(no drive) along	the som	Mad	24 9	
do-ble Yellow 1:ne	, To 1	Booid the	trouble o	K
making as report, 1	oftered.	the driver	of the	
car whom appeared	ater to	repols t	he domog	e
for him, of Which	he d	clined.		
DECLARATION			`	
I/We declare the foregoing particulars are true in ever	y respect.	9	/	
Date & Time:	the policyholder)	Name: 1 p	oh Kwee Choo S6840583A	
GIASNIC SketenPlandering VS	10 that Lets	•	2,	



## CERTIFICATE OF INSURANCE

### **AUTOPLUS PRIVATE VEHICLE**

: SLP5453S Name of Policyholder : LEE KWAY HEONG Vehicle No. 
 Period of Insurance
 : 09 Jun 2018 To 08 Jun 2019

 Engine No.
 : 4A92CP5136
 Policy No. : 1700014244-01 Endorsement No.

: JMYSRCY1AGU006852 Issued Date : 01 Jun 2018 Chassis No.

### ABOUT THE COVER

Make/Model : MITSUBISHI LANCER EX 1.6L

First Year of Registration : 2017 Engine Capacity/Tonnage : 1,590.00 CC Sum Insured : Market Value Insuring with COE/PARF : Yes Driver Restriction : NA Off Peak Car : No

#### Person or Classes of Persons Entitled to Drive\* :

a) The Policyholder b) Any other person who is driving on the Policyholder's order or with his/her permission. This Policy will indemnify the Policyholder or any authorised driver only if heishe meets the specified age condition.

You have to pay an additional sum of \$3,000 as "Young and/or Inexperienced Driver Excess" ("YIDR") if You are or Your Authorised Driver (named or unnamed) is under the age of 23 and/or has less than 2 years' driving experience.

Age Condition : All Age Condition

Limitation as to use\* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business. This Policy does not cover use for hire or reward, driving fution, driving test, racing, pace-making, reliability trial or speed-testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with Motor Trade.

Loss of Use 1500cc - 1600cc Optional

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

## EXCESS

Section 1 Fire - \$0 Own Damage - \$600 Theft - \$0 Flood Cover - \$0

Windscreen: \$100

Named Driver and Excess (where applicable)

LEE KWAY HEONG - \$600 (Own Damage)

### APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Approved Reporting Centres/ AIG Authorised Repairers (For claims related repairs)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.

For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

### IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: United Overseas Bank Limited

IWWe hereby certify that the policy to which this Certificate of insurance relates is issued in accordance with the provisions of the Motor Vehicles(Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0155005000

KOH TONG POH

AIG BUILDING 78 SHENTON WAY #07-16

SINGAPORE 079120 SP-LLL

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

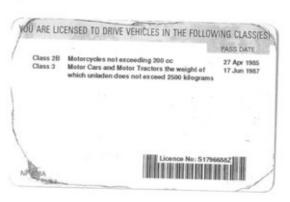
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AIG Asia Pacific Insurance Pte. Ltd. AUTHORISED REPRESENTATIVE









## **Accident Photo**



## **Accident Photo**







# **CHASSIS NUMBER**



## **SCENE PHOTO**

